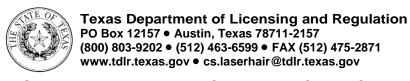


LASER HAIR REMOVAL FACILITY NOTICE OF CHANGE AND DUPLICATE REQUEST INSTRUCTIONS

You must apply for a new LHR Facility Certificate of Registration if there is a change in ownership.

All information provided must be typed or printed in <u>black ink</u>.

- 1. <u>CURRENT NAME OF THE LHR FACILITY</u> Write the facility name as it currently appears on the Laser Hair Removal (LHR) facility certificate.
- 2. LHR FACILITY CERTIFICATE NUMBER Write the LHR facility certificate number.
- 3. <u>DUPLICATE CERTIFICATE REQUEST</u> Check the appropriate box. Non-refundable fee of \$25 required for a duplicate certificate.
- 4. NOTIFICATION OF CHANGE Check the appropriate box(es).
- 5. <u>NEW FACILITY'S NAME</u> Write the new LHR facility name as reflected on the ASSUMED NAME filing with the County Clerk or Secretary of State (SOS). You must provide a copy of the Assumed Name Filing with the County Clerk or Secretary of State with this form.
- 6. NEW CERTIFIED LHR PROFESSIONAL'S NAME Write the new Certified LHR Professional's name.
- 7. <u>CERTIFIED LHR PROFESSIONAL CERTIFICATE NUMBER</u> Write the new Certified LHR Professional's Certificate Number.
- 8. <u>NEW CONSULTING PHYSICIAN'S NAME</u> Write the new Consulting Physician's Name. You must submit a copy of the written contract for this LHR Facility
- 9. <u>NEW FACILITY'S MAILING ADDRESS</u> Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
- 10. NEW FACILITY'S PHYSICAL ADDRESS Write your new physical address in the spaces provided.
- 11. NEW FACILITY'S PHONE NUMBER Write your new phone number, including the area code.
- 12. New FACILITY'S EMAIL ADDRESS Write your new email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
- 13. <u>STATEMENT OF APPLICANT</u> Carefully read, print the name, and title of the person requesting the change(s), and must be signed and dated.



LASER HAIR REMOVAL FACILITY NOTICE OF CHANGE AND DUPLICATE REQUEST

DO NOT WRITE ABOVE THIS LINE	
DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)	
All information provided must be typed or printed in black ink.	
	Facility Certificate Number:
Z. Zinc	Tability Commodity Hamber.
Please Print	
DUPLICATE CERTIFICATE REQUEST	
3. Duplicate Certificate Request (check the box that applies)	
Yes (\$25 fee required)	
□ No	
NOTIFICATION OF CHANGE	
4. Notification of change: (check the box that applies)	
Facility's Name (supporting documents required, see instructions in item 5) Consulting Physician (Submit a copy of a written contract with	the LUP Facility)
	Title Linx racinty)
Certified LHR Professional Facility's Contact information	
5. New Facility's name:	
6. New Certified LHR Professional's name: 7. Certified LHR Profe	essional Certificate Number:
7. Columba 2. In C. Follossishare manne.	Societiai Commente Hamberi
O. N O	
8. New Consulting Physician Name:	
O Now Facility's Mailing Address:	
9. New Facility's Mailing Address:	
(P.O. Box, Number, Street Name, Suite Number)	
City State 10. New Facility's Physical Address:	Zip Code
To. New Facility's Physical Address.	
(D.O. Davi Niverbase Otrast Niverbase)	
(P.O. Box, Number, Street Name, Suite Number)	
City State	Zip Code
11. New Facility's Phone Number: 12. New Facility's Email Address:	·
Area Code Ph. Number (Ex: johndoe@gmail.com) See Instructions sheet for Disclosure)	
13. STATEMENT OF OPERATOR	
I certify that I have read and will comply with all applicable laws and rules of the Laser Hair F	Removal Program including
Health and Safety Code, Chapter 401, §§401.501-401.522; Occupations Code, Chapter 51; and administrative rules	
under 16 Texas Administrative Code, Chapters 60 and 118. I understand that providing false information on this	
application may result in denial of this application and/or revocation of the certification I am requesting and the possible	
imposition of administrative penalties.	
Signature of Operator	Date
I SIGNAGUIE VI ODEIALUI	Date